CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR Andrew T.	OFFICE USE ONLY			
	NICKNAME LAST SUFFIX	Date Received			
	Andy Eads	JAN 15 2019			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Box 270816	DENTON COUNTY ELECTIONS			
Change of Address	Flower Mound Tx 75027				
5 CANDIDATE/ OFFICEHOLDER PHONE	(214) 450-384 EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST MI	Receipt # Amount \$			
NAME	NICKNAME LAST SUFFIX	Date Processed			
	Kimball	Date Imaged			
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE:	ZIP CODE			
ADDRESS	34080 Stonewood Cou	irt			
(Residence or Business)	Whitney Tx 76692				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (940) 765-4286				
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 Sth day before election Exceeded \$500 limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	The state of the s	31/2018			
11 ELECTION	Month Day Year Primary Runoff Other				
	Month Day Year Primary Runoff Other Description General Special				
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known				
	Venton County, Denton C	ounty			
	Commissioner# 4 Denton C Commissioner# 4 Judge	•			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	And	y Eads	15 Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14615			
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$					
	4. TOTAL POLITICAL EXPENDITURES \$ 26,361.66					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$85,316.31					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$					
18 AFFIDAVIT						
			perjury, that the accompanying report is formation required to be reported by me			
CHEF	RYL KNIGHT	under Title 15, Election Code.	formation required to be reported by me			
Notary Public-State of Texas Notary ID #1209232-6						
Commission Exp. SEPT. 05, 2020 Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP/SEALABOVE						
Sworn to and subscribed before me, by the said Fhay Eads , this the						
day of January 20 19, to certify which, witness my hand and seal of office.						
Meny Fright Chery Knight notary public						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Andy Eads 20 Filer ID (Ethics C	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$14.435
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$26,107.0
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 254.57
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1			
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME	Andy Eads	3 Filer ID (Ethics Commission Filers)			
4 Date 10 30 8	5 Full name of contributor out-of-state PAC (ID#:) ROSA NAVGAT 6 Contributor address; City: State; Zip Code 2701 Calder Court Fort Worth 7x 76107	7 Amount of contribution (\$) 820 00			
• Finespar occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)			
Date	Full name of contributor out-of-state PAC (ID#:) Rex Sanders	Amount of contribution (\$)			
11/1/18	Gontributor address; City; State; Zip Code 9436 David FortRoad Argyle Tx 76226	100000			
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)			
Date 11/11/18	Full name of contributor out-of-state PAC (ID#:) Neil Kretzer Contributor address; City: State; Zip Code 6222 Name Trail Cranbury TX 76048	Amount of contribution (\$)			
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)			
Date 1	Full name of contributor out-of-state PAC (ID#:) James Dannebaum Contributor address; City; State; Zip Code 3100 W. Alabama Street Thuston W. 7788	Amount of contribution (\$)			
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED			
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Andy EadS	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) LAVY LIPS COMD 6 Contributor address; City; State; Zip Code 950 Crestwood Cr Flower Mound 75028 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$)
9 Employer (See Instructions)	tions)
Date Full name of contributor	Amount of contribution (\$)
Bobby Dollak Contributor address: City: State: Zip Code 1601 Castle Rock Drive Lewisville TX 75077	122500
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Full name of contributor out-of-state PAC (ID#C0038602) HNTB Holdings LTD PAC Contributor address; City; State; Zip Code TIS KIRK DAVE Kansas City MO 64105	Amount of contribution (\$) 2500 00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Principal occupation / Job title (See Instructions) Full name of contributor	Amount of contribution (\$)
	10113)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 20000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor | out-of-state PAC (ID#: Katie Reddell Contributor address; Zip Code Cool Bryan 51: #1500 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Andy Eads	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#: JOE ATWOOD 6 Contributor address; City: State; Zip Code 5237 N. Riverside Drive Fort Worth TX /Iool6 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) 380 ©
Date Full name of contributor ONEIL Contributor address; City: State; Zip Code Flower Mond IX 150ZZ Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 360 @
Date Full name of contributor Bret Pedigo Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code	Amount of contribution (\$)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional r	

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Andy Eads	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor	7 Amount of contribution (\$)
9 Employer (See Instructions)	tions)
Date Full name of contributor	Amount of contribution (\$)
Mark Bowlin contributor address: City: State: Zip Code 3420 Jameston Drive Hower Mound TX 75028	2500
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:) Robert Bird Contributor address; City; State; Zip Code 9710 Blanca Drine Lantana 1x 76226	Amount of contribution (\$) 2256
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$) 250 90
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1				
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:				
2 FILER NAME Andy Eads	3 Filer ID (Ethics Commission Filers)				
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)				
11/2/18 Justin Newland 6 Contributor address; 3311 I35 #150 Denton TX 76210	17000				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)				
Date Full name of contributor	Amount of contribution (\$)				
Date Full name of contributor out-of-state PAC (ID#:) Eric Hedlund	16500				
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)				
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)				
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
11/2/18 Derek Cheathan Contributor address; City; State; Zip Code Zigo Avenue J + 120	14000				
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Date 7 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) Zip Code State: Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) 16000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor unt-of-state PAC (ID#: Amount of contribution (\$) Contributor address; State; Zip Code City: Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE F1

	(E)	(PENDITURE CATE	GORIES FOR B	3OX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	By Gift/Awa	everage Expense ards/Memorials Expense	Loan Repayment/R Office Overhead/R Polling Expense Printing Expense Salaries/Wages/Co	ental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Great Gard F aymont	The li	nstruction Guide expla	ins how to complet	e this form.	
1 Total pages Schedule F1:	2 FILER NAME	Andy E	ads		3 Filer ID (Ethics Commission Filers)
4 Date 10 28 18	5 Payee name	Apple			
6 Amount (\$)	7 Payee address;	e Parkw Etino CA	Zip Code 1ay 95011	+	
8 PURPOSE OF EXPENDITURE	compute	egories listed at the top of this Dem 5C	schedule) (b) [tside of Texas. Complete Schedule T., TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI		iceholder name Cads Den	ton Co ²	ffice sought	Comm H
Date 10/28/18	Payee name Ameri	can Nati	ional B	ank.	
Amount (\$)	Payee address; 1201 Cr Flower	Oss Tim Mound	TOTAL CONTRACTOR	ad 5028	
PURPOSE OF EXPENDITURE	Category (See Cate	egories listed at the top of this		7	side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Offi Andy E	-	ton Cou	My Ju	idge Comm 4
Date	Payee name				9
10/30/18	Apple	jacks			
578.09	Payee address; 345 E Denton	City; State; 2 Hickory IX 74	St 201		
PURPOSE OF EXPENDITURE	fundrais expe	egories listed at the top of this strong ever mose	<i>t</i>	Check if Austin,	side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Andy E	ads Du	iton Co	ffice sought Judg	e Corum 4
	ATTACHA	DDITIONAL COPIES	OF THIS SCHE	DULE AS NEE	DED
-arms provided by Tayas Eth	ine Commission	sananas othis	an atata ty un		D

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	1000	Aift/Awards/Memorials Expense egal Services	Printing Ex Salaries/W		Travel Out Of District Other (enter a category not listed above)
order daynon.		The Instruction Guide explai	ins how to co	emplete this form.	
1 Total pages Schedule F1:	2 FILER NAM	Andy	Ea	d 5	3 Filer ID (Ethics Commission Filers)
4 Date 16 31 18	5 Payee nam	* Academ			
6 Amount (\$)	7 Payee addr				
822,50	362	1 Justin	Road	75028	
8	(a) Category (s	See Categories listed at the top of this	schedule)	(b) Description	
PURPOSE					tside of Texas. Complete Schedule T.
OF EXPENDITURE	tundi	raising eve	M	Check if Austin	, TX, officeholder living expense
LAT ENDITORIE	1	Lpense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Officeholder name	iton (Office sought	idge Comm 4
Date .	Payee name				
11/1/18	1	stco			
Amount (\$)	Payee addr	ess; City; State; Z	7in Code		
210 28	851	Hwy 121			
268,	Lewi	Sville TX	7500	e7	
	Category (S	See Categories listed at the top of this		Description	
PURPOSE	1		4	Check if travel outs	side of Texas. Complete Schedule T.
OF EXPENDITURE	Tuna	raising eve	M	Check if Austin,	TX, officeholder living expense
	-ey	pense			
Complete ONLY if direct		/ Officeholder name		Office sought	Office held
expenditure to benefit C/OF	Andi	1 Eads De	nton	County	Judge Comm# 4
Date	Payee nam	ė			9
11/1/18	Pai	nted Tree	2		
Amount (\$)	Payee addr			PROF	
27713	224	O Justin	Roa	d	
211-	Hig	hlaud Vil	lage	75	077
	Category	ee Categories listed at the top of this		Description	
PURPOSE	5. 4		-	Check if travel outs	side of Texas. Complete Schedule T.
OF EXPENDITURE	Junar	aising even	1	Check if Austin,	TX, officeholder living expense
	expe	ense J			
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expenditure to benefit C/OF	Hnau	Kads Dev	you(· O Judge	comm #4
	ATTA	CH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Transportation Equipment & Related Expense Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX. officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct expenditure to benefit C/OH ty; State; Zip Code azos St. Suite 304 Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$ PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Food/E By Gift/Aw	Expense Beverage Expense vards/Memorials Expense Services	Office Overl Polling Expe Printing Exp		Solicitation/Fundraisir Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
ordan data (aymon	The	Instruction Guide expla	ains how to co	mplete this form.		
1 Total pages Schedule F1	2 FILER NAME	AndyE	ads		3 Filer ID (Ethics	Commission Filers)
4 Date 2 18	5 Payee name	C Cons	ultin	9		
6 Amount (\$)	7 Payee address;	Vaite Dn Canyon	- Company	7507	17	
8 PURPOSE OF EXPENDITURE	consul	ategories listed at the top of thi		(b) Description Check if travel or	utside of Texas. Complete Sci n, TX, officeholder living e	
• Complete ONLY if direct expenditure to benefit C/O	Candidate / Of	Eads D	enton	Office sought	Judge	Comm#4
Date	Payee name United	d States	Post	Office		•
82°2		Olympia Mound		ve 75028		
PURPOSE OF EXPENDITURE	1	tegories listed at the top of this			tside of Texas. Complete Sch , TX. officeholder living ex	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	/\ . r	ends De	utn	Coffice sought Tud	ge Cons	office held
Date 20 18	Payee name Murt	shy Nas	sica	•		
5,000. 5	Payee address; 815 A Austin	Brazos S 1 TK 78	zip Code 7 . Su 1701	ile 304		
PURPOSE OF EXPENDITURE	Consult	legories listed at the top of this	s schedule)		tside of Texas. Complete Sch., TX, officeholder living ex	
Complete ONLY if direct expenditure to benefit C/OF	/1	ficeholder name	iton a	Office sought	Comm#	Office held
	ATTACH A	DDITIONAL COPIES	SOFTHISS	CHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wages (Contract Labor

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services The Instruction Guide explain	Salaries/Wages/Contract Labor s how to complete this form.	Other (enter a category not listed above)
1 Total pages Shedule F1	2 FILER NAME A		3 Filer ID (Ethics Commission Filers)
اب	Andy E	ad5	(======================================
4 Pat 20 18	Dr. Mimael	Burgess Co	empaign
250 000	7 Payee address; City; State; Zi P.O. Box 23 Denton Tx	7470Z	, J
8	(a) Category (See Categories listed at the top of this se	chedule) (b) Description	
PURPOSE OF EXPENDITURE	waten party expense		stside of Texas. Complete Schedule T. TX. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Andy Eads Den	ton Co Judg	e Cerum 4
11/20/18	Image Cente	~	
Amount (\$)	Payee address; City; State; Zi	p Code	
1,538.92	7230 Morriss	TX 75028	?
PURPOSE	Category (See Categories listed at the top of this so		side of Texas. Complete Schedule T.
OF EXPENDITURE	Printing expense	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	HANDY FARS Der	Am Co Tridg	e Conum#4
Date	Payee name	,	
11/20/18	Winning the Fig		
Amount (\$)	Payee address; City; State; Zit	Code	
1509	P.O. BOX 1661 Flower Mound 7	X 75027	
	Category (See Categories listed at the top of this sc	hedule) Description	
PURPOSE OF	60006006	Check if travel out	side of Texas. Complete Schedule T.
EXPENDITURE	Spos15018hip	Check if Austin,	TX, officeholder living expense
	expense		
Complete ONLY if direct expenditure to benefit C/QF	Candidate / Officeholder name Handy Eads Den	ton Co Judge	Comm #4
	ATTACH ADDITIONAL COPIES (

SCHEDULE F1

		EXPENDITUR	E CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Educated Legal Services	Office Ove Polling Ex xpense Printing E	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages 3 hedule F1	2 FILER N	Andy	Ead5		3 Filer ID (Ethics Commission Filers)
4 Date 20 18	5 Payee na	me 407	BBQ		1
6 Amount (\$) 2090°	7 Payee ad 831 Are	dress; City; FM 40	State; Zip Code 7 W. 76226	,	
8 PURPOSE OF EXPENDITURE	1	(See Categories listed at the EXPENSE ENTLYDE	se		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	H And	ate / Office holder nam	Denton (o Judge	Comm 4
Date 20 18	Payee nai		d Cha	mberot	Commerce
Amount (\$) 41500	1	Parker er Moun		5028	
PURPOSE OF EXPENDITURE		(See Categories listed at the			itside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	/\	ite / Officeholder name	Dentor	Office sought	e Comm 4
Date 11/25/18	Payee na	rican N	lational	Bank	
Amount (\$)	Payee add	cross City: S Cross Ti er Moun	mbers .	Road 5028	
PURPOSE OF EXPENDITURE	1	M expu			tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	A	te / Officeholder nam	Seuton C	Office sought Judge	Comm #ffice held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

		EXPEND	HURECATE	GORIES	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage E Gift/Awards/Mem Legal Services The Instruction	norials Expense	Office Over Polling Exp Printing Ex Salaries/W		Travel In District Travel Out Of Dis	uipment & Related Expense
1 Total pages, Schedule F1	2 FILER N	AME An	du E	ads)	3 Filer ID (Eth	nics Commission Filers)
4 Date 3/18	5 Payee na	intellipe	5 66			1	
6 Amount (\$) 49. 83	7 Payee ad 100 KYU	Idress; S_TX	City; State; Z	ip Code			
PURPOSE OF EXPENDITURE		(See Categories lis		schedule)		utside of Texas. Complet n, TX, officeholder livi	
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholde	de De	entor	1 COJA	ge Co	Office held 4
12 4 18	Payee na	1	Chec	K		0	
Amount (\$) 28.75	368 500	oress; Dictional	city; State; Z	Stre 551	et North	1	
PURPOSE OF EXPENDITURE	PAN	ing/h	ed at the top of this s			tside of Texas. Complete , TX, officeholder livir	
Complete ONLY if direct expenditure to benefit C/OF	Α.	te / Officeholde	s Dev	uton	Co Trda	e Com	office held M 44
121218	Payee na	ville 1			tion Fou	ndatio	571
Amount (\$)	1549 Lewi	sville	Main S	5tree 7500			
PURPOSE OF EXPENDITURE		(See Categories list orship expen	•	chedule)		tside of Texas. Complete	
Complete ONLY if direct expenditure to benefit C/OF	/\	ute / Officeholde	s De	ntan	Co Judg-	e Con	Office held
	ATT	ACH ADDITIO	NAL COPIES	OF THIS S	CHEDULE AS NEE	DED	
			1404041 -41-1-	t-t			D 1 1 0/0/00/1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Da 5 Payee name (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX. officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct expenditure to benefit C/OH Amount (\$) 75028 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct expenditure to benefit C/OH Date **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sough expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politic Credit Card Payment	al Committee	Legal Services	Sala	aries/Wages/Contract Labor	Other (enter a c	category not listed above)
		The Instruction	Guide explains how	w to complete this form.		
1 Total pages Schedule F1	2 FILER N	And And	lu Ead	5	3 Filer ID (Ethics Commission Filers)
12 18 20 8	5 Payee na	World	Mark	et		
124.58	Payee ad Plow	dress; City Long Long M	y: State: Zip Co Prairie Lound T	Road# 275028	300	
8	(a) Category	(See Categories listed a	at the top of this schedul	e) (b) Description		
PURPOSE OF EXPENDITURE	gift:	3/awa	rd5		vel outside of Texas. Comp oustin, TX, officeholder	
EXPENDITORE	ex	ipen5e				
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder n	Dent	on Conty	Judge	Comm#4
12 18 18	Payee na	itter fl	4	•	- U	
791.45	Payee ad Z800 Redu	o Brido	ge Park CA 94	way 005		
PURPOSE OF EXPENDITURE		(See Categories listed a		Check if trav	el outside of Texas. Compi ustin, TX, officeholder li	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	^	y Eode	5 Dento	n Comfy	Judge	Comm#4
12 19 18	Kn Kn	mb IGW		,	7	
Amount (\$)	Payee add	diess; City	; State; Zip Coo			
10000	2700 Flou	1 Cross Jer Mi	limber	13 Kuad X 75028		
PURPOSE OF EXPENDITURE	Gifte	(See Categories listed a	at the top of this schedule	Check if trav	el outside of Texas. Compl ustin, TX, officeholder li	
Complete ONLY If I'm	Candid-	te / Officeholder	namo.			OW
Complete ONLY if direct expenditure to benefit C/OF	Λ	1 Eads	tento	n County	Judge (office held #4
	ATT	ACH ADDITIONA	AL COPIES OF T	HIS SCHEDULE AS N	IEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Printing Expense Printing Expense Salaries/Wages/Contra- ins how to complete thi	Travel C ot Labor Other (e	n District Dut Of District Inter a category not listed above)
1 Total pages Schedule F1:	2 FILER NA	ANGE A	îds		ID (Ethics Commission Filers)
4 Date 20 18	5 Payee na	me Maggian	105		
6 Amount (\$) 138.60	7 Payee ad 205 Dall	Idress; Oity State; N. Park Clas TX 752	zip Code enter 25		
8 PURPOSE	(a) Category	(See Categories listed at the top of this		ription Check if travel outside of Texa	ss. Complete Schedule T.
OF EXPENDITURE	F000	d expense		Check if Austin, TX. office	holder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	/1	y Eads Dent	on Co. Jua	sought Cor	nm #4ce held
Date	Payee nai	me		,	
12/21/18	To	om Thumb			
Amount (\$)	Payee ad	4	Zip Code		
5000	Married &	ler Mound	nbers Roo TX 75025		
		(See Categories listed at the top of this		ription	
PURPOSE OF	n: Ct	lamanl		heck if travel outside of Texas	
EXPENDITURE	A12 13	expense		heck if Austin, TX, officel	lolder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	/1	ate / Officeholder name y Eads De	nton Co. I	sought Judge	Comm 44
Date	Payee na	me			
12/23/18	Ame	vican Nat		ank	
Amount (\$)	Payee add				
300	Flow	Cross Timb	tx 7502	8	
	Category	(See Categories listed at the top of this		iption	
PURPOSE OF	hank			neck if travel outside of Texas heck if Austin, TX, officeh	
EXPENDITURE	Dank	ng expense		,	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	/\	tte / Officeholder name 1 Eads Den	ton Co Tru	sought dge Con	Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS SCHEDUL	E AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains	how to complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule F1	2 FILER NAME Andy Ed	ld5	3 Filer ID (Ethics Commission Filers)		
4 Date 27 18	5 Payee name Office May				
6 Amount (\$)	7 Payee address; City; State; Zip	Code			
15,47		rie Rd			
8	(a) Category (See Categories listed at the top of this sche	7x 75028			
PURPOSE OF			itside of Texas. Complete Schedule T.		
EXPENDITURE	office supplies	Check if Austin	, TX, officeholder living expense		
	2 - 11 - 12 - 12				
9 Complete ONLY if direct expenditure to benefit C/O	Andy Eads Den	ton Co Juda	e Comm=4		
Date	Payee name	J			
12/27/18	United States Po	st office			
Amount (\$)	Payee address; City; State; Zip City; St	Code			
3800	Flower Mound TX	75028			
	Category (See Categories listed at the top of this sche				
PURPOSE OF	and an		side of Texas. Complete Schedule T.		
EXPENDITURE	postage	L Check if Austin,	TX, officeholder living expense		
Complete CNIIV if direct	Candidate / Officeholder name	000			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	A 1	fon Co Judge	e Comm #4		
Date	Payee name	J			
12/28/18	Lowe's				
Amount (\$)	Payee address; City; State; Zip C	ie Road			
58.03	D la . J . J +	75028			
	Category (See Categories listed at the top of this sche				
PURPOSE OF		Check if travel out	side of Texas. Complete Schedule T.		
EXPENDITURE	office supplies	Check if Austin,	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Andy Eads Denton	Co Judge C	mm#4 ^{ffice held}		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fees Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 6 Amount (\$) 7 Pavee address: 8 (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE office supplies OF Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/OH Date Description PURPOSE Check if travel outside of Texas. Complete Schedule T. tood expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought expenditure to benefit C/OH iton Co. Ju rie Road **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF office supplies Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Gift/Awards/Memorials Expense Polling Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out Of District The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: Other (enter a category not listed above) 2 FILER NAME 4 Date 3 Filer ID (Ethics Commission Filers) 5 Payee name 7 Payee address; PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officebolder name expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) PURPOSE Description OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) PURPOSE Description **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	2 FILER NAME Andy Eads	3 Filer ID (Ethics Commission Filers)				
11/24/18	5 Payee name Sprint					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
66.39	P.O. Box 660075					
Reimbursement from political contributions intended	Dallas Tx 75266					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description				
OF EXPENDITURE	office expenses	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/6		Judge Comm #4				
Date 12/24/18	Payee name 5 print					
Amount (\$)	Payee address; City; State; Zip Code					
lele, 39	P.O. Box 660075					
Reimbursement from political contributions intended	Dallas Tx 75266					
PURPOSE	Category (See Categories listed at the top of this schedule) (b)	Description				
OF EXPENDITURE	office expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/0	OH A . — I	Judge Comm 44				
Date 12 19 18	George W. Bush	Museum				
Amount (\$)	Payee address, City; State; Zip Code					
4800	2943 SMU Blvd.					
Reimbursement from political contributions intended	Dallas Tx 75205					
PURPOSE OF	Category (See Categories listed at the top of this schedule) VOIUNTER GIFTS (b)	Description Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	3	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Andy Eads Derriton Co Judge Comm #4						
		3				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Polit Credit Card Payment			enter a category not listed above)			
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule G:	2 FILER NAME Andy Ead	5 3 File	r ID (Ethics Commission Filers)			
12/17/18	5 Payee name Highland Villag					
6 Amount (\$)	7 Payee address; City; State; Zip Co					
50°0	4090 Barton Cri	eek				
Reimbursement from political contributions intended	Highland Virlage	TX 75077				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule					
OF EXPENDITURE	gifts	Check if travel outside of Texas. C	Company News Cold (Buy Coloped Day Project Cold (Bus Col)			
9 Complete ONLY if direct expenditure to benefit C/	OH A	Office sought	Office held			
	Andy Eads Dento	n Co Judge G	omm#4			
Date 12 17 18	Payee name World Mar	ket				
Amount (\$)	Payee address; City; State; Zip Co.					
23.19	6101 Long Prairie	e Road #300				
Reimbursement from political contributions intended		TX 75028				
PURPOSE	Category (See Categories listed at the top of this schedule					
OF EXPENDITURE	office expense	Check if travel outside of Texas. C	A			
	Stationary		der inving expense			
Complete ONLY if direct expenditure to benefit C/OH Andy Eads Dewton Co Judge Comm 44						
Date	Payee name	9				
Amount (\$)	Payee address; City; State; Zip Coo	de				
Reimbursement from political contributions						
intended						
PURPOSE	Category (See Categories listed at the top of this schedule	(b) Description				
OF		Check if travel outside of Texas. C				
EXPENDITURE		Check if Austin, TX, officehol	der living expense			
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						